FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

											<u> </u>						
SECTION 1 - General Inform						 											
Northeast Missouri Rural Telephone Co PO Box 98 Green City, MO 63545													Check here if this is a change of address.				
2. Year Report Filed 2017		overed by Re	ling Date of Pa port)	яу		4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)											
SECTION II - Full-Time Emp	loyee	s	<u></u>														
			Number of Employees (Report employees in only one category)														
Job			Race/Ethnicity														
Categories	1		anic or					Not-Hispanic or Latino								Total	
		La	itino .			Ma	ale				Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N	
		Α	В	С	D	E	F	G	н	I	J	к	L	м	N	0	
Executive/Senior Level Officials and Managers	1.1			I												1	
First/Mid-Level Officials and Managers	1.2			2						1						3	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4		·													0	
Administrative Support Workers	5									10						10	
Craft Workers	6			18												18	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	21	0	0	0	0	0	11	0	0	0	0	0	32	
PREVIOUS YEAR TOTAL	11	!		21					i i	11						32	

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SECTION III - Part-Time Emplo	oyees.	Number of Employees														
		(Report employees in only one category) Race/Ethnicity														
Job Categories	Hispanic or			Not-Hispanic or Latino												
	L	atino	Male									Female				
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N	
	Α	В	С	D	Е	F	G	н	ı	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9								1						1	
TOTAL	10 0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
PREVIOUS YEAR TOTAL	11								1						1	
SECTION IV - Report of Discri	mination Comp	laints Pursua	ant to 47 CFF	22.321, 23.5	5, 90.168, 101	.4, and 101	.311.						•			
This is to advise the company before an This is to advise the (Attach a list indica	ny body having c e Commission th	ompetent juris	sdiction in suc ng complaints	h matters dur alleging viola	ing the calendations of the pro	ar year cove ovisions of a	red by this rep ny equal empl	ort. oyment oppor	tunity statute	have been file	ed against this	company.				
SECTION V - Certification I certify that to the best of my kn	owledge, inform	ation, and beli	ef, all statem	ents in this re	port are true ar	nd correct.									<u>-</u>	
Date T	yped or Printed	ped or Printed Name of Person Signing Signature Telephone No.														
05/18/2017	James E S	Sherburn	e	- 13 M								(660) 874-4111				
Title of Person Signing C.E.O.		WILLFULLY FALSE SPATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).														